

CERTIFICATION OF NICHE COVER DATA

LAST NAME: (Limit of 11 spaces)

FIRST NAME AND MIDDLE INITIAL: (Limit of 13 spaces)

DATE OF BIRTH: (Limit of 13 spaces)

DATE OF DEATH: (Limit of 13 spaces)

TYPE OF RELIGIOUS EMBLEM

CHRISTIAN CROSS

STAR OF DAVID

NO EMBLEM

OTHER (Specify)

VETERAN ELIGIBILITY INFORMATION

BRANCH OF SERVICE:

GRADE, RATE OR RANK:

PERIOD OF SERVICE:

I hereby certify that the above information is correct

RELATIONSHIP TO DECEDENT

SIGNATURE OF NEXT OF KIN

DATE

THANK YOU FOR ALLOWING US TO SERVE THE VETERAN

Arkansas State Veterans' Cemetery
1501 West Maryland Avenue
North Little Rock, Arkansas 72120
Phone: (501) 683-2259 Fax: (501) 992-0162